

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/000023
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		/					
2		/					52		/					
3		/					53		/					
4		/					54		/					
5		/					55		/					
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45		/					95		/					
46		/					96		/					
47		/					97		/					
48		/					98		/					
49		/					99		/					
50		/					100		/					
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

BEST AVAILABLE COPY